Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I								SMALL E	YTITY		OTHER	THAN
_			(Column 1)		(Column 2)		i	TYPE		OR	SMALL	ENTITY
TC	TAL CLAIMS		61					RATE	FEE	1. 1	RATE	FEE.
FO	R		NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
то	TAL CHARGEA	BLE CLAIMS	€ minus 20=		. 69			X\$ 9=	611-	OR	X\$18=_	i depart of the
IND	EPENDENT CL	AIMS	\(\) minus 3 =		• •			X40=	80	OR	X80=	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
MULTIPLE DEPENDENT CLAIM PRESENT					· · · · · · · · · · · · · · · · · · ·		,	1.7	00		*±270=*	
If the difference in column 1 is less than zero, enter "0" in o						olumn 2		+135= TOTAL	1141	ÖR	TOTAL	
4. 凌		I AIMS AS A	MENDER	MENDED - PART II			÷*.	TOTAL	<i>V/ 1/ -</i>	OR	ne were training	TUAN
· · .	.	(Colu		(Column 3)		SMALL	ENTITY	OR"	OTHER SMALL I	**		
AMENDMENT A		(Column 1) CLAIMS REMAINING		HIGH NUM	EST	PRESENT	N		ADDI-	700	+ . M. **	-ADDI-
		AFTER AMENDMENT		* PREVIO		EXTRA		RATE	TIONAL FEE	· ‡.*	RATE	TIONAL FEE
	Total	•	Minus	**		= ·		X\$ 9=		OR	X\$18=	- (3 *
	Independent	and the second second	Minus	3 **** v	av Ve		a.*d	×X40=	CAN-A	ŎŔ	″.X80=¥#	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							405			070	
			٠,					+135=		OR	+270=	
					TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE				
		(Column 1) CLAIMS	1	(Colui		(Column 3)	1 .		· . `		· · · · · · · · · · · · · · · · · · ·	· * · ·
AMENDMENT B		REMAINING AFTER		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
	Total	*	Minus	**	FOR	=		X\$ 9=	FEE	OR	X\$18=	FEE
	Independent	• (Minus	***		=, - <	1	X40=	and Market States	17.	X80=	ation of the
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM]	740-		OR	7.00=	
								+135=		OR	+270=	,
	A	•					*	TOTAL ADDIT. FEE	[7]	OR	TOTAL ADDIT. FEE	
		(Column 3)	_		:.							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT				PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	155	OR	X\$18=	7
	Ind p ndent	•	Minus	***		=		X40=	-		X80=	
	FIRST PRESENTATION OF MULTIPLE DEPEN				T CLAIM]	740-		OR	700-	
				^ ·	- KO# *	l.,,,,,,,,		+135=		OR	+270=	
••	If the "Highest Nu	mn 1 is less than ti imber Pr_viously Pa imber Pr_viously P	aid Fr [®] IN TH	IS SPACE	is less tha	n 20, enter " 20	. "	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	The "Highest Nur	nber Previously Pa	id For" (Total o	r Independ	lent) is the	high st numb	er f	und in the ap	propriat bo	x in ∞	lumn 1.	

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